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ABSTRACT

The field of adventure family therapy has emerged as a means to construct lasting functional change for troubled youth. Seven reasons why adventure therapy can be successful with troubled youth are: (1) therapeutic processes are centered in action-oriented experiences; (2) therapy is conducted in an unfamiliar environment; (3) adventure therapy centers on producing a climate of functional change through the positive use of stress; (4) adventure experiences can be rich in assessment possibilities; (5) adventure experiences are generally conducted in a small-group, supportive atmosphere; (6) adventure experiences are constructed to be "solution oriented"; and (7) the role of therapist is changed. The problem with adventure therapy is the issue of the lasting effectiveness of treatment gains. One strategy to counter this issue is to create system change in the family through adventure family therapy programs. These programs are classified, in increasing order of complexity and psychological depth, as recreational, educational, enrichment, adjunctive therapy, and primary therapy. The five general stages of adventure family therapy include assessment, structuring, intervention, debriefing, and follow-up. Further exploration is needed to explore when and how adventure experiences fit within family therapy approaches. Therapists using adventure experiences need additional competency in marriage and family therapy to develop high levels of treatment efficacy. (KS)

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Monograph on Youth in the 1990s, Issue #4, 1995

Adventure family therapy: An innovative approach answering the question of lasting change with adjudicated youth?

Michael A. Gass

Abstract

The purpose of this article is to outline how the field of adventure family therapy has emerged as a means to answer the issue of constructing lasting functional change for troubled youth. In accomplishing this task, an overview of why adventure therapy may be effective with therapeutic populations first presented, followed by the five various formats of adventure family therapy that are currently being practised. Various stages in adventure family programs are also highlighted along with future issues and trends for the field.

Introduction

One of the greatest needs in our society is the production of functional community members. While some people progress through adolescence in a manner that results in this goal, others find varying degrees of difficulty in this process and as a result, find themselves "lost" in our society. Many times these adolescents are labelled as being "at-risk" and are predisposed to higher levels of juvenile delinquency, nonattendance in school, sexual behavior problems (e.g., teenage pregnancy), drug abuse, personal disturbances, academic underachievement, and vocational problems (Cartledge & Milburn, 1995); all of which have tremendous emotional, financial, and other negative ramifications for the youth and society in general.

There is great pressure on society to find methods that will help these individuals. In the searching for solutions to this answer, it seems that there are a variety of factors that contribute to the problems

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confronting at-risk youth. In fact, many of these factors work together to produce a negative and dysfunctional cycle where at-risk youth end up possessing a long history of failure in traditional learning/living environments. The need for integrative approaches to produce functional and healthy changes, that strives to seek integration with the youth's entire support system, often holds the answer to reversing this dysfunctional cycle.

Within the past 20 years, adventure therapy programs have emerged as a possible answer in dealing with the issues associated with troubled youth. With this development a number of of written sources defining the field's methods (e.g., Gass, 1993; Schoel, Radcliffe, & Prouty, 1988), describing its applications (e.g., Cole, Erdman, & Rothblum, 1994; Davis-Berman & Berman, 1994; Gerstein, 1994) and demonstrating its effectiveness (e.g., Gillis & Simpson, 1990; Wichman, 1990) have emerged.

Gass (1993) has summarized seven reasons why adventure therapy can be successful with troubled youth. These reasons include:

1) Therapeutic processes are centered in action-oriented experiences - Adventure therapy turns passive therapeutic analysis and interaction into active and multidimensional experiences. It augments the didactic and verbal processes of "talking" therapies with concrete physical actions and experiences, having clients' "walk" rather than merely "talk" their behaviors.

2) Therapy is conducted in an unfamiliar environment - In order to overcome clients' resistance to change, adventure therapy places participants in situations that are new, unique, and simplified. Such dynamics create a "contrasting environment" (Walsh and Golins, 1976) where clients can gain new and more functional perspectives.

3) Adventure therapy centers on producing a climate of functional change through the positive use of stress - Adventure experiences focus on introducing "eustress," or the healthy use of stress, into the client's system in a healthy and manageable manner (e.g., Selye, 1978). This type of stress places individuals into situations where the use of certain positive problem-solving abilities (e.g., trust, cooperation, clear and healthy communication) are necessary to reach desired objectives. Adventure experiences also provide an inherent level of motivation based on clear consequences (i.e., ones that are not arbitrary) for inappropriate behaviors.

4) Adventure experiences can be rich in assessment possibilities - Similar to the psychological theory of "projection," clients' unfamiliarity with adventure experiences can provide rich assessment information for the therapist (e.g., examining life-long behavior patterns, dysfunctional ways of coping with stress, intellectual processes, conflicts, needs and emotional responsiveness). Such material can be valuable for planning treatment interventions and strategies.

5) Adventure experiences are generally conducted in a small group, supportive atmosphere - Adventure experiences are conducted in small groups (e.g., 8-15) so when conflicts arise they can be resolved with positive group interaction (Walsh & Golins, 1976; McPhee & Gass, 1993). Individual desires are be met, but they must be accomplished in association with the needs of the group. A true systemic perspective is taken as group members struggle simultaneously with individual and group needs.

6) Adventure experiences are constructed to be "solution oriented" - In unfamiliar adventure environments, clients are presented with opportunities to focus on their abilities rather than their inabilities. This type of orientation can diminish initial defenses and lead to healthy change when combined with the successful completion of progressively difficult and rewarding tasks. Rather than being resistant in therapy by confronting their problems, clients are challenged to stretch perceived limitations and discover untapped resources, strengths, and solutions. Client efforts are also framed by the therapist to center on the potential to achieve self-empowerment by establishing and maintaining functional interventions.

7) The role of therapist is changed - In adventure experiences, therapists are removed from serving as the central means of functional change by the adventure experience. This shift allows therapists to remain more "mobile" to actively design and frame interventions for specific treatment outcomes.

The informal setting of the adventure experiences may also serve to remove many of the barriers limiting interaction that may exist in other more "formal" therapies. While still maintaining clear and appropriate boundaries, therapists may become more approachable and achieve greater interaction with clients.

Combined with the strengths and successes of the development of adventure therapy has also been some appropriate questions. Probably the most valid of these questions is the issue of the lasting effectiveness of treatment gains. Wichman (1980) coined the term "lollipop syndrome" to describe how some wilderness programs are able to produce functional changes in youth, but unable to maintain these programs when adolescents return to their community.* The U.S. Department of Justice has even furthered this claim, stating that wilderness therapy programs without follow-up in clients' home communities "should be rejected on the basis of their repeated failure to demonstrate effectiveness in reducing delinquency after having been tried and evaluated" (Johnson, 1982, p. 2-77).

One of the central reasons behind the recidivism of youth from wilderness programs are the pressures to revert back to old behaviors once they return from being "successful." As stated by Kimball:

> *Delinquent acts must be seen in the relationship between the individual and the totality of environmental stresses. These pressures include poverty, poor housing, low educational levels, unemployment, cultural conflict, dysfunctional family situations, and child abuse. Most behaviorally disordered youth are depraved because they are deprived and the power of a 150' rappel often fades in light of this." (p. 153)*

One promising strategy to counter this issue of lasting effectiveness are the efforts to construct functional change within the "system" or context where the adolescent will return after completion of the adventure therapy experience. One such approach is the construction and implementation "adventure family therapy programs." The goal of such programs is to focus on changing the family system so that when adolescents return to their family setting they can maintain functional change.

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* In this metaphoric description, Wichman (1980) likens the treatment of youth in adventure therapy programs. His description is "Unlike most children, there are some who have never experienced a lollipop. If you give these children a lollipop once or twice, they know what lollipops taste like and may even grow fond of them. Then these children go back to their lollipopless world. They will be all the worse for this experience since they may now want lollipops and do not have them.

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The purpose of this paper is to present an overview of the various formats of adventure family therapy that can be implemented for troubled youth as a prevention or treatment program. It also will highlight how the use of adventure family therapy can produce the gains of adventure therapy programs, yet implements a systemic perspective to insure such gains are maintained.

Types of Adventure Family Therapy Programs

Expanding on efforts conducted by Gillis, et al. (1991) and Ringer (1993), five related formats of adventure therapy programs can be found. These programs can be classified, in increasing order of complexity and psychological depth, as: (1) Recreational, (2) Educational, (3) Enrichment, (4) Adjunctive Therapy, and (5) Primary Therapy. These formats are not mutually exclusive, nor is one preferred over the other. Each should be selected based on the needs of the troubled youth, the goals of the participating families and the level of training of the service provider. Each of these formats will be discussed, highlighting sample programs for each.

1. Recreational Programs

Using adventure experiences merely for "re-creating" a positive state of being can have beneficial effects for a family. There are several qualities inherent in adventure experiences (e.g., intense yet enjoyable focuses needed to complete tasks, the ability to accomplish novel and seemingly impossible tasks, associated emotional release, productive social interaction) that can make participation in these activities highly enjoyable. Rohnke (1989) probably depicts this concept best through his acronym of F.U.N.N., (or functional understanding not necessary). Families enjoying one another through positive interaction can provide enriching qualities often missed through the daily needs of meeting family needs. As described by Gillis, et. al. (1989) this programs using this format are often structured as "one time experiences," under a "family day" or family hour theme. The goal of such programs is for families to enjoy their time together and leave with a "good" feeling.

2. Educational Programs

Educational programs retain the "open-ended" nature of recreational programs, but include debriefing processes commonly found following most adventure experiences. The focus of these sessions would be to highlight

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what worked and what did not for participants during the adventure experience, allowing them to choose whether or not to incorporate such learnings into their lives outside of the adventure experience.

Roland and Hoyt (1984) developed an adventure program focused on family issues where one or more members were disabled. The program consisted of a weekend of adventure activities followed by weekly meetings to help integrate positive changes made while participating and debriefing the activities. Green (1992) developed a two day program focused on educating families about their patterns and structure around issues of diabetes management.

3. Enrichment programs

Using many of the objectives of the recreational and educational formats, this form of adventure family therapy focuses on certain skills or "themes" beneficial to all families. Common topical areas are communication, problem-solving, trust, goal setting, and appropriate cooperation. Adventure experiences are selected for use based on their ability to relate, or be "isomorphic (Gass, 1991, 1993) to these particular areas. Adventure programming takes on much more of a "prescriptive" quality than earlier styles, while still retaining the general nature of the particular theme.

The "Family Challenge" program (Clapp & Rudolph, 1990), a multi-family (3-4 families) program, used a 1:1 family to staff ratio and grouped families together according to common issues (e.g., problem solving abilities, general functioning skills, reframing abilities, appropriate appraisal). Jacobson (1993) used a multi-family program to enhance family relations.

4. Adjunctive therapy programs

This format seeks to augment established treatment goals through the use of adventure experiences. While not an "end in themselves," adventure experiences are designed around specific treatment issues that the clients bring to the experiences and will most likely continue to address when the adventure experience is completed. Adventure experiences are merged with more "traditional" therapeutic practices, and often are used to provide a differing perspective or "breakthrough" experience that will result in a higher functioning client.

Creal and Florio (1986) described a "Family Wilderness Program" that operates with families of adjudicated delinquent adolescents from a Department of Children and Youth Services psychiatric hospital in Connecticut. Bandoroff (1992) developed an adjunctive program titled "The Family Wheel." This program was conducted at the end of a 21-day wilderness therapy program for adjudicated adolescents. Therapy was constructed around four "theme" days of repair, trust, communication, and negotiation. Gillis & Simpson (1992) designed "family weekends" for chemically youth and their families.

5. Primary therapy programs

In this format, the adventure experience as the primary therapeutic medium for constructing change. This format takes into account the specific needs of the particular family with the adventure experience serving as the primary agent for constructing change. Gillis, et. al., (1991) suggest the following elements of a primary therapy intervention with adventure family therapy:

"(1) the goal(s) of the therapist are to make a lasting systems change in the family using adventure activities as a primary therapeutic modality,

(2) the level of assessment done prior to the family therapy experience attempts to narrow the focus to specific family issues,

(3) the framing done prior to participating in a naturally isomorphic adventure activity is therapeutically intense,

(4) the sequencing of isomorphic activities by the therapist is focused in order to achieve lasting systems change in the family, and

(5) the debrief is used by the family adventure therapist to punctuate the metaphor or reframe inappropriate interpretations of the experience (i.e., the primary therapy has taken place while participating in the activity)" (p. 36).

The case example highlighted in several publications (e.g., Gillis, and Gass, 1993; Gass, 1993) represents one example of primary adventure family therapy. In this case, an adventure activity, (i.e., the "trust lean") was framed as an intervention for issues of substance abuse and family violence for a particular family. This therapeutic intervention was conducted in the fifth session of working with this family, based on the family's and therapist's construction of resolving this family's particular issues.

Note that all formats have particular applications for troubled youth. Those described first seem to appear more appropriate for prevention programs, whereas the later stages (e.g., adjunctive and primary therapy) seem more applicable for treatment programs.

Stages of adventure family therapy

Gillis and Gass (1993) outlined five general stages that seem to be used with most adventure therapy experiences to create functional change for troubled youth and their families. These areas are: (1) Assessment, (2) Structuring, (3) Intervention, (4) Debriefing, and (5) Follow-up.

1. Assessment - Critical to the effectiveness of any therapeutic intervention for troubled youth is the ability to identify client needs based on an appropriate means of assessment. Assessment for adventure therapy programs can be obtained through traditional methods or through the actual use of adventure experiences. Adventure experiences can serve as valuable assessment tools because of the unfamiliarity that most clients have with these activities. Because of this, clients often project a clear representation of their behavior patterns, personality, family interaction patterns, and interpretation into the activities (Kimball, 1983).

2. Structuring - Based on the assessment of the youth's and family's needs, adventure experiences are structured to target functional change during the actual adventure experience. The same adventure experiences may vary from one family to the next because of the need to adapt activities to specific treatment objectives. There is no "one standard format" for conducting each experience, but there are some specific guidelines for therapists to use in structuring these experiences in order to help families focus on specific issues and resulting behavior change.

Gass (1991) developed a seven step model outlining a sequential process adventure therapists can use in creating the actual "structure" of adventure experiences. These steps are: (1) state and rank the goals of the therapeutic intervention based on the assessment of the clients' needs, (2) select an adventure experience that possesses a strong metaphoric relationship to the goals of therapy, (3) identify how the experience will have a different successful ending/resolution from the corresponding real life experience, (4) adapt the framework of the adventure experience so participants can develop associations to the concepts and complexity of the

experience, (5) design the structured metaphor to be compelling enough to hold participants' attention without being too overwhelming, (6) make minor adjustments to highlight isomorphic connections during the adventure experience (e.g., appropriate reframing, punctuation), and (7) use appropriate processing techniques following the experience to reinforce positive behavior changes (e.g., reframe potentially negative interpretations of experience, focus on the integration of functional change into the client's lifestyle).

3. Interventions - Once adventure activities are structured in the intended manner, the adventure experience is conducted to achieve the appropriate intervention. The role of the therapist during the intervention is to guide the family through the experience, emphasizing key points they make in their decision making process through techniques that are often used by family therapists during other types of interventions (e.g., punctuation, reframing, anchoring, circular questioning, the use of paradoxical techniques).

4. Debriefing - Following an intervention activity, adventure therapists focus varying degrees of attention on debriefing the dynamics of what occurred in the activity. The purpose of debriefing is: (1) to enhance the therapeutic value of the adventure experience through heightened client awareness and (2) to increase the positive transfer of functional therapeutic change for clients' future use. Debriefing techniques are generally verbal in format, but can often take on the form of non-verbal strategies (e.g., sculpting, journal writing).

Borton (1970) offers one of the simplest formats for debriefing adventure experiences through the three progressive questions of: (1) what happened?, (2) so what?, and (3) now what? The "what" of the discussion asks clients to revisit their actions and interactions in a non-judgmental manner to increase clients' understanding of what actually occurred. This can be particularly valuable for families in adventure activities since some members are "left out" of certain decisions on what occurred or some members of the family become so involved in the dynamics of their interactions that they become oblivious to the actions of others. The "so what" asks the clients to examine the consequences and ramifications of what occurred in the experience. Examination of this area often leads to a deeper understanding of behavior patterns that led to various actions in the activity. This is particularly relevant for family adventure programs, where the discovery and examination of these patterns provides an

important source of information for family members to change. The "now what" stage focuses on building from the two previous debriefing stages. It asks client to examine their behavior patterns and make decisions on what they wish to change or keep the same in future interactions. This final stage obviously has strong focus on transferring learnings from adventure experiences to future interactions for the family. As stated by Gass (1991), the success in reaching and implementing this stage in therapy often determines the lasting effectiveness of an adventure therapy experience.

5. Follow-up - Once positive changes have been integrated into the family system from the adventure experience, there is a need to implement methods of reinforcing these changes to prevent the re-occurrence of negative behaviors and the ability to adapt to new conflicts. As stated earlier, adventure therapy programs without follow-up experiences lack the strength of interventions with these experiences.

Follow-up experiences can consist of actual adventure experiences or methods that enable the family to re-visit critical portions of their adventure experiences (e.g., through reflection). One of the best methods of follow-up techniques for adventure therapists is to use key phrases or critical portions from the adventure experience in traditional therapy sessions.

Future areas of consideration

Two critical areas have been identified by Gillis and Gass (1993) that should be addressed in the use of adventure family therapy with troubled youth. These areas are: (1) treatment considerations and (2) therapist training issues.

1. Treatment considerations - Several existing family therapy approaches may be integrated with adventure activities. Gass (1991) has outlined how adventure strategies integrate into strategic and structural approaches. Gillis and Bonney (1986) and Gerstein and Rudolph (1989) have documented the use of strategic approaches for adventure curriculum. Gillis and Bonney (1989) have outlined how adventure activities can fit within a psychodrama format and Mason (1987) has acknowledged the influence of experiential therapies (e.g., Whitaker) in her work. Further exploration is needed to explore when and how adventure experiences fit with family therapy approaches. It is possible that the selection of which

family framework to use will depend upon specific client needs rather than on one "correct" theoretical answer.

It is also unclear how adventure activities integrate most appropriately into therapeutic processes with troubled youth. Questions that should be used to decide this issue include: (1) determining what adventure family therapy format works best with troubled youth in prevention and treatment programs, (2) identifying the circumstances when adventure techniques are contraindicated for troubled youth, and (3) targeting particular activities that work best with particular family structures (e.g., single parent families, foster care placements) to produce lasting effects.

2. Training issues - The training of professionals also raises several questions. Therapists using adventure experiences or specific adventure techniques should realize they need additional competency in marriage and family therapy to develop high levels of treatment efficacy. As highlighted by Gillis and Gass (1993):

> *"While there are very similar concepts between some therapeutic approaches and the presentation of adventure activities (e.g., metaphor development, assessment/ diagnostics, enactment, and action-oriented therapy), the concepts of both approaches need to be taught in an integrated manner. There is a need for training programs which address this "cross training" issue and envision the integration of adventure and marriage and family therapy fields as achieving a level of intervention greater than either field can achieve separately. It is deceptively simplistic to think that having been trained in either field exclusively qualifies one to add the other field without sufficient preparation" (p. 283).*

Caution is warranted for adventure programs who feel they can simply "add on" family therapy components in an idiosyncratic manner. The profession must take responsibility for providing and nurturing training programs that will lead to the "cross-training" of professionals (i.e., the need for professionals to be trained in both adventure therapy and marriage and family therapy approaches with troubled youth). Other means of program development (e.g., peer reviews and program accreditation;

Williamson & Gass, 1993) may also provide avenues for furthering the implementation of adventure family therapy programs with troubled youth.

Summary

Adventure therapy has been criticized, sometimes appropriately, as failing to provide lasting therapeutic change for troubled youth. Various initiatives to remedy this problem have been implemented, one the most promising being the concept of adventure family therapy. Based on the positive elements of adventure experiences, this approach takes a systemic perspective in creating conditions where beneficial changes will continue to last through a reconstructed, supportive family environment. While many questions remain, the inclusion for such an approach in the treatment of troubled youth seems to address the very foundation of preventing youth into spiralling from even further levels of dysfunction. The consequences of not implementing such an approach has usually led to a further taxing of supporting social agency resources and the need of even more expensive treatment programs.

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